Entered - 10/09/00 - sb CL00L0606 - DIANNE C. MITCHELL 00- <sub>R</sub> -2019

CLAIM OF: PAUL LOVELESS

4140 Jeffrey Drive

College Park, Georgia 30349

For damages alleged to have been sustained as a result of property damage due to sewer back ups on August 16, 2000, August 25, 2000 and September 8, 2000 at 2345 Macon Drive.

BY PUBLIC SAFETY AND LEGAL ADMINISTRATION COMMITTEE:

BE IT RESOLVED by the Council of the City of Atlanta that the action of the Department of Law be approved in authorizing payment to **PAUL LOVELESS** the sum of \$1,470.00 in full settlement and satisfaction of all claims, past, present and future, of every kind and character for damages alleged to have been sustained as a result of property damage due to sewer back ups on August 16, 2000, August 25, 2000 and September 8, 2000 at 2345 Macon Drive as is more particularly set forth in the within claim; said sum taken from and charged to account 2J01/529017/T31001, Settlement of Suits and Claims, Department of Law.

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APPROVED: SUSAN PEASE LANGFORD CITY ATTORNEY

ROSALIND RUBENS NEWELL

**DEPUTY CITY ATTORNEY** 

## DEPARTMENT OF LAW - CLAIM INVESTIGATION SUMMARY

Claim No. <u>00L0606</u> Date: <u>December 1, 2000</u>
Claimant /VictimPAUL LOVELESS
BY: (Atty)(Ins. Co.)
BY: (Atty)(Ins. Co.)  Address:  4140 Jeffrey Drive, College Park, Georgia 30349
Subrogation: Claim for Property damage \$ 1.470.00 Bodily injury \$
Date of Notice: 09/19/00 Method: Written, proper X Improper
Conforms to Notice: O.C.G.A. §36-33-5 X Ante Litem (6 Mo.) X
Deta of Occurrence $0.8/16/00 \cdot 0.8/25/00 \cdot 8 \cdot 0.9/0.8/00 = Place = 2345 Macon Drive$
Department Public Works Division: Sewer Operations
Department Public Works Division: Sewer Operations  Employee involved Disciplinary Action:
NATURE OF CLAIM: The claimant incurred property damage due to a series of sewer back ups. The City was on notice of a problem with the sewer and was unable to correct it after the first occurrence.
INVESTIGATION:
Statements: City employee Claimant Others Written Oral Pictures Diagrams Reports: Police Dept Report X Other Traffic citations issued: City Driver Claimant
BASIS OF RECOMMENDATION:
Function: Governmental X Ministerial Other Damages reasonable X Other Damages reasonable Y Other Damages reasonable Y Y Y
Improper Notice More than Six Months Other Damages reasonable X
City not involved Offer rejected Compromise Selliemeni
Repair/replacement by Ins. Co. Repair/replacement by City Forces Claimant Negligent City Negligent X Joint Claim Abandoned
Claimant Negligent City Negligent X Joint Claim Abandoned
Respectfully submitted,
INVESTIGATOR - DIANNE C. MITCHELL
RECOMMENDATION:  Pay \$ _1,470.00 Adverse Agrount charged: 1A01 2J01 X 2H01
Claims Manager:Concur/dateConcur/date
Committee Action:Council Action
FORM 23-61

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COUNCIL OF THE CIT	TY OF ATLANTA		RE: CLAIM FOR DAM	MAGES	10/09/00
MUNICIPAL CLERK	[2			,	, Du
City Hall			Today's	Date: <u>9//</u>	1/2000
55 Trinity Avenue, S.W.			Touay 5	Datt	<del></del>
Atlanta, Georgia 30335	SEP   9		09-19-00212:5	9 RCVD	
Dear Municipal Clerk:	y of Atlanta that I have s	00	TERED - 10-9-00 - S LO606 - DIANNE MITC in the amount sum of \$		•• property and /or
This is to notify the City  \$ bodi	y of Atlanta that I have s ily injury for which I con	tend the City is li	able.	11/14/4m	
1. Date of incident: 8/	/16, 8/25/9/8	2. Time of Inc	ident: 11!25,13!27 3. F	Police called:	Yes No
4 7 4	(including street address	a. 2343~	macon UK 1+1	Time,	Ja. 20327
5. Name of your insura	ince company: <u>State</u>	farm	Policy N	10. <u>91-35</u>	-1883-2
6. State what and how	incident occurred:	rain Cit	5 sever line	stage	ed-up Cousin
Water and	seuva te de	cek up in	lottem ept.	tub +	taliet over ra
spelling Wat	it reway i	, Jath 10	on bedram oor me Buch	and al	the Way
RESULT IN YOUR	CLAIM BEING DENIE	D AND MAY KE	PECTION. THE MAKIN SULT IN CRIMINAL PR	OODCCIIC	• • •
8. The registered owner repair and proof of	er must make the claim fo f ownership of your vehic	or vehicle damage le (copy of the cu	s, complete the following a rrent tag receipt or title).	nnd attach tw	70 (2) estimates of
Your vehicle:	(Maka)	(Year)	(Tag Number)	(Driv	er's Name)
	(Make)	(ICMI)	,,		
City vehicle:	(3.6.1)	(City Driver's N	Jame)	(Departm	ent/Bureau)
_	(Make)	•	(7//	624	4-0751
1 Witness M. Bu	undett + m. Ser. (Name)	as foremon	Sever Dept.		
9. Witness. <u>17-5-15-15-15-15-15-15-15-15-15-15-15-15-1</u>	(Name)		(Address)	(Telepho	one Number)
10. The acknowledgen State law, nor is it	nent of this claim in no w an admission of liability	ay waives the sove on behalf of the (	ereign immunity of the Cit City of Atlanta and / or its	y of Atlanta, employee(s).	as granted by
11. This claim should l	be mailed immediately to	the address show	n above.	1	
I HEREBY SWEA	AR OR AFFIRM THAT	THE ABOVE	PAUL L.	ove 165	Name)
INFORMATION	IS TRUE AND CORREC		4140 TO EE	Rev No	١
rauf	gevejen		71.15 0(17	(Address)	
Signature of Clair	nant '		4140 Je FE	K G M	30349
<b>-</b>			City (City)	State and 7in	Code)
00	2019		(City,	(404)	768-3972
			/##7 E %7 T		(Home Number)
			(Work Number)	)	(mome Number)